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Research article

Comparing policies for children of parents attending hospital emergency departments after intimate partner violence, substance abuse or suicide attempt

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ABSTRACT

To improve identification of child maltreatment, a new policy ('Hague protocol') was implemented in hospitals in The Netherlands, stating that adults attending the hospital emergency department after intimate partner violence, substance abuse or a suicide attempt should be asked whether they care for children. If so, these children are referred to the Reporting Center for Child Abuse and Neglect (RCCAN), for assessment and referrals to support services. An adapted, hospital-based version of this protocol ('Amsterdam protocol') was implemented in another region. Children are identified in the same manner, but, instead of a RCCAN referral, they are referred to the pediatric outpatient department for an assessment, including a physical examination, and referrals to services. We compared results of both protocols to assess how differences between the protocols affect the outcomes on implementation, detection of child maltreatment and referrals to services. Furthermore, we assessed social validity and results of a screening physical examination. We included 212 families from the Amsterdam protocol (cohort study with reports by pediatric staff and parents) and 565 families from the Hague protocol (study of RCCAN records and telephone interviews with parents). We found that the RCCAN identified more maltreatment than pediatric staff (98% versus at least 51%), but referrals to services were similar (82% versus 80% of the total sample) and parents were positive about both interventions. Physical examination revealed signs of maltreatment in 5%. We conclude that, despite the differences, both procedures can serve as suitable methods to identify and refer children at risk for maltreatment.

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Introduction

Children whose parents experience intimate partner violence, substance abuse, depressive symptoms or other psychiatric problems are at increased risk for child maltreatment and consequent adverse mental, social and medical health outcomes (Dubowitz et al., 2011; Sidebotham, Heron, & ALSPAC Study Team, 2006). Witnessing intimate partner violence is associated with, amongst others, trauma symptoms and internalizing and externalizing behavior problems (Campbell, Thomas, Cook, & Keenan, 2013; Evans, Davies, & DiLillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wood & Sommers, 2011). Parental substance abuse is associated with children's depression, anxiety and substance dependence (Chaffin, Kelleher, & Hollenberg, 1996; Chassin, Pitts, DeLucia, & Todd, 1999; Dunn et al., 2002; Keller, Cummings, Davies, & Mitchell, 2008; Kuperman, Schlosser, Lidral, & Reich, 1999; Walsh, Macmillan, & Jamieson, 2003). Psychiatric problems of parents negatively influence children's development (Ammerman, Putnam, Bosse, Teeters, & Van Ginkel, 2010; Chaffin et al., 1996; Walsh, MacMillan, & Jamieson, 2002). These risk factors have given rise to worries in many countries. In The Netherlands a search was made for possible ways to detect child maltreatment early in these situations and policies have been developed for this. These policies need to be seen in the light of the organization of child protective services in the country.

The Child Protective System in The Netherlands

The approach to and handling of suspicions of child maltreatment in The Netherlands differ in some ways to the policies in many other countries. In The Netherlands, child maltreatment is approached primarily as a family, medical or psychosocial problem, and the child protective system is child and risk focused (Berg-le Clerc, 2012). Child protective services are focused on prevention of abuse and safeguarding of children, while family support is organized separately (Berg-le Clerc, 2012). Professionals who work with families and suspect child maltreatment are required to use a reporting code and ask for advice at the Reporting Center for Child Abuse and Neglect (RCCAN, in Dutch 'Advies en Meldpunt Kindermishandeling', AMK) ("Kamerbrief ontwerp besluit verplichte meldcode huiselijk geweld en kindermishandeling," 2013). However, no legal obligation exists to report child maltreatment (Bosscher, 2014). The RCCAN is a non-judicial organization and advises on, investigates and tries to find solutions for (suspicions of) child maltreatment in cooperation with children and parents. Furthermore, the RCCAN advises professionals and citizens who have suspicions of child maltreatment (Bosscher, 2014). Child and family support can be arranged with many different services (Bosscher, 2014); if cases are too serious or parents refuse to cooperate, the cases are passed directly to the Child Care and Protection Board (in Dutch 'Raad voor de Kinderbescherming', RvdK), which is a division of the Ministry of Security and Justice (Raad voor de Kinderbescherming, 2011).

Hague Protocol

To address parental risk factors and to stimulate prevention of, and early intervention in, child maltreatment, a new policy called the 'Hague protocol' was first implemented in the city of The Hague in The Netherlands in 2007 (Diderich et al., 2013). This protocol states that all adults attending the emergency department seeking care for their own medical problems caused by intimate partner violence, severe substance abuse, a suicide attempt, self-harm or serious psychiatric problems are asked whether they are responsible for the care of children under the age of 18 years. If so, the identified parents, together with all their children, are referred to the RCCAN (Diderich et al., 2013). After referral by the hospital emergency department, parents and their children are invited to the RCCAN office, or visited at home for an evaluation of family problems. The RCCAN staff also collects information from informants around the family, e.g. school teachers, family doctors. Based on all the information available, the RCCAN assesses whether child maltreatment is present. Referrals to various support services are made, when judged appropriate. The RCCAN monitors the effects of the services, by re-assessing the situation of the family after 3 months (Diderich, Pannebakker, Dechesne, Buitendijk, & Oudesluys-Murphy, 2015). Serious cases and cases in which parents refuse to cooperate are passed directly to the RvdK.

Evaluation and Consequences of the Hague Protocol. The Hague protocol has been evaluated and was found to have a high rate of child maltreatment detection (positive predictive value of 0.91) and greatly increase the initiation of support for the families involved (Diderich et al., 2013; Diderich, Pannebakker, et al., 2015). Only a few of all identified cases (6.6%) were not referred to the RCCAN by emergency department staff (Diderich, Verkerk, et al., 2015). It was concluded that no additional categories of parental characteristics needed to be added to the Hague protocol (Diderich, Dechesne, Fekkes, Verkerk, Buitendijk, et al., 2014). Implementation of the Hague protocol in a very different region in The Netherlands has been evaluated and was found to be successful, albeit with a lower detection rate of child maltreatment (positive predictive value of 0.62) (Diderich, Dechesne, Fekkes, Verkerk, Pannebakker, et al., 2014).

On July 1st 2013, following publication of the results of the Hague protocol, the Dutch government mandated a new policy stating that all health care professionals should implement screening for child maltreatment based on parental risk factors ("Kamerbrief ontwerpbesluit verplichte meldcode huiselijk geweld en kindermishandeling," 2013). According to the guideline of the Royal Dutch Medical Association (Dutch abbreviation: KNMG), after identifying children at risk for maltreatment, physicians can either choose to report children to the RCCAN or, after consulting with the RCCAN, initiate and monitor voluntary support themselves (KNMG, 2014).